ig .			PM	2/1/0/10
FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMAI			PORM DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement	of Organization HICS AND	(F	lev. 12/2005)	REPORT
IMPORTANT: Indicate by # type of committee you are a (1) Statewide/Legislative/Judge Standing for Referition	Perplication 8: 34	_ C4	or Office Vee Or omm. # ogged in	9144
(4) County Central Committee (5) County Candidate (6) Political Subdivision Candidate (8) County PAC (9) CI Subdivision PAC (11) Local Ballot Issue CANDIDATE COMMITTEES ONLY:	City Candidate (7)School Board or Other	C	eanned omputer udited	
Candidate Name	Political Party (if applicable)		File with: owa Ethics and	Campaign
Office Sought	District (if Senate or House)		Disclosure Boar 510 E. 12 th , Sie. Des Moines, low Fax: 515-281-37	1A 22 na 50319
Late reports are subject to possible civil and criminal per the candidate, for a candidate's committee, and the chair individual responsible for fling timely and accurate repor	rperson, for any other type of committee, is:	32A(7)	-ax. 313-201-3	JUL 20
Lain Kakuel	#12 930	-3620	1	-
SIGNATURE OF PERSON FILING REPORT	TELEPHONÉ		DATE S	GNED -K
AM FILING A		Local Com	millaes, enter D	ate of Election
ST/ CASH ON HAND at the beginning of the reporting period.	ATEMENT OF CASH ON HAND			
committee. This amount MUST be the same as of the last reporting period or must be zero if the	the cash on hand at the end	\$	670	3.30
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach S	Schedule A) (*also see in-kind below)	****	/D(0,3/
Schedule F: Loans Received total (Attach Sche	sdule F)	**********		<u> </u>
Schedule H: Total Sales of Campaign Property	(Attach Schedule H)	***********	************	
(Schedule H applies to Candidate	s' Committees Only) SUB-TOTAL	\$	4 68	0367
SUBTRACT TOTAL MONEY SPENT THIS PER	10D			200
Schedule B: Expenditures total (Attach Sched	ule B) (**also see debts and loans below)	*********	8	51.00
Schedule F: Loan Repayments total (Attach So	hedule F)		44 	
CASH ON HAND at the end of this reporting period (If fine be zero) (Attach DR-3)	•	\$	_59	66,91
"UNPAID BILLS (From Schedule D - Attach Schedule D)		2		
"IN KIND CONTRIBUTIONS (From Schedule E - Attach Sc				
OUTSTANDING LOANS (From Schedule F - Altach Sch		•		**************************************

YES ____NO

CONSULTANT BREAKDOWN (Schedule G Altached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Altach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

CANDIDATE COMMITTEES ONLY:

CONTRIBUT			Reset Form	A	MONETARY
·	ding candidate's personal t			FREV. 177030	RECEIPTS
OBR	151) Ou	e as on Statement of Organization)		L_] CHEC	K THIS BOX IF DING FORM
STATE CANDID. NUMBER AND TH DISCLOSURE BO	ATES NOTE: IF A CONTE HE PAC CHECK NUMBER IN JARD.	RIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL A THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS		IST THE PAC IDEN IOWA ETHICS AN	ITIFICATION D CAMPAIGN
CAUTION: Sec	ction 68B 32A(6) lows	Code, prohibits the use of information copied from reson other than statutory political committees.			
DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIO	IOLUD	
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER		TO CANDI	DATE* RECE	OUNT √ IF FO EIVED FUND RAISE
5/19	CK#	THY 4 Alrit Schenger		\$	INCOM
	ID#	The ten IA solg/		1a	000
1/2P	CK#	SANDAN SAVILES BANK.	(V	3	7
	ID#	JANDOM, LH SV-Y		1,2	/
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			SUB-TOTAL	1. 2	7
		TOTAL (if last p	age of this schedu		
* Disclosure law requi	ires candidate committees	to disclose the relationship of any relative making a contrib	oution to the	\$	
marriage) . If sumar		inter degree of consanguinty (blood relatives) and affinity (relatives by	Page	of

Reset Form

Page _____ of ____

Carinamiatiana Cas Dagir at Lam

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE

B (Rev. 07/03)

MONETARY EXPENDITURES

L CHECK THIS BOX IF AMENDING FORM

COK	RIBN (or	anty Kepis/icaps		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	/ NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/60	ID# CK# <i>93</i> 7	She Son TASON	Upst For Resale	\$/53.0/
\$ 29	ID# CK# <i>G38</i>	SANDOUN POOLS 302 MAIN ST SANDOUN IA	Condy ago	\$153.0/
	ID# ^v			
	ID# CK#			
			SUB-TOTAL	\$ -
			TOTAL (if last page of this schedule)	873671

TLIC	DAY	ADDITION TO A	ANDIDATES' COMMITTEES O	
1 ma		APPLICA IUI.	ANIJIIJA (PS. C.I MIMILI (PES I)	MI V:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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